



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1500

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 10/617,365 | FILING DATE 07/10/2003 RULE | CLASS 052 | GROUP ART UNIT 3635 | ATTORNEY DOCKET NO. 16333-US |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Adam Joe Shuttleworth, Denver, IA;

Robert Eugene Lorentzen, Sturgeon, MO;

** CONTINUING DATA

None cn

** FOREIGN APPLICATIONS

None cn

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/14/2003

| | | | | | |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>cn</i> | STATE OR COUNTRY IA | SHEETS DRAWING 2 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 2 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

William M. Dixon
 Patent Department
 DEERE & COMPANY
 One John Deere Place
 Moline, IL
 61265-8098

TITLE

Joint structure for liquid or semi-liquid sealant

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 880 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
|-----------------------------------|---|--|

| | |
|--|--------------------------------------|
| | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Credit |